

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90729 004 ***150.00

DOCUMENT # P01000111551

1. Entity Name

U.S.A. Satellite Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 521265

3. Mailing Address

P.O. Box 521265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

FL.

City & State

MIAMI, FL. 33152

Zip

33152

Country

U.S.A.

Zip

33152

Country

U.S.A.

4. FEI Number

65-1155684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Capdevila Greg

Street Address (P.O. Box Number is Not Acceptable)

14130 Cypress Ct

City

MIAMI LAKES

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	GREGORIO Capdevila
STREET ADDRESS	P.O. Box 521265
CITY-ST-ZIP	MIAMI, FL. 33152
TITLE	VICE President
NAME	TANIE Cuza
STREET ADDRESS	P.O. Box 521265
CITY-ST-ZIP	MIAMI, FL. 33152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02 305-863-1064

Date

Daytime Phone #

CR2E034B (12/01)